

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/55258

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 2 | | | | |
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| 5 | | 0 | | | | |
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| TOTAL DEP. | 13 | ← | 10 | ← | | ← |
| TOTAL CLAIMS | 15 | ← | 12 | ← | | ← |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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Laurel

BEST AVAILABLE COPY